



2613  
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## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 12-16-04

Marianne Boland  
Marianne Boland

In Re Application of:

Alvarez, *et al.*

Serial No.: 10/045,894

Filed: 10/29/2001

Confirmation No.: 1444

Group Art Unit: 2613

Examiner: Senfi, Behrooz M.

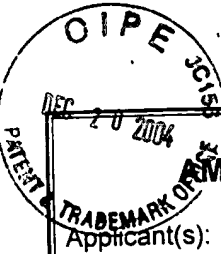
Docket No.: 050324-1480

**For: System And Method For Automatically Reducing Noise For Video Encoding**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Letter  
Petition For Extension of Time Under 37 CRF 1.136(a) (Three Months)  
Credit Card Payment Form in the amount of \$1,020.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Docket No.

**050324-1480**

Applicant(s): **Alvarez, et al.**

Serial No.  
**10/045,894**

Filing Date  
**10/29/2001**

Examiner  
**Senfi, Behrooz M.**

Confirmation No.  
**1444**

Group Art Unit  
**2613**

Invention: **System And method For Automatically Reducing Noise For Video Encoding**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

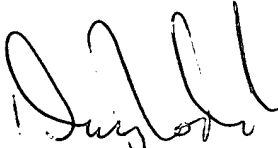
Transmitted herewith is Petition For Extension of Time Under 37 CFR 1.136(a) in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36 -	36 =	0	X \$25.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$180.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input checked="" type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$1,020.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,020.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1,020.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**David Rodack; Reg. No. 47,034**

12-16-04  
\_\_\_\_\_  
Date